when the attack begins, it is only necessary to question the patient or to speak to him, when he becomes quiet. (3) He does not fall from his chair. (4) The cause of this attack is not due to an incapacity to remain seated, but it is an agony and suffering which develop when he is seated. The author believes that the syndrome of akathesia is of psychasthenic origin and is really a sort of profession aboulia with attacks of anxiousness. A somewhat similar case is related in the same article.

4. *Biological Life of a Xypophagus.*—This is a very interesting study from the physiological point of view of a Chinese xypophagus, exhibited by Barnum & Bailey at Paris under the name of the "Chinese Brothers." They are fifteen years of age and are united by a band at the xyphoid region, which, by an X-ray picture, is shown to be composed of cartilage. A careful anatomical description, illustrated by photographs and containing also accurate measurements, is included in the article. The investigation consists of studies of the pulse, respiration, muscular force, etc. The following conclusions, in brief, are noted: (1) Each subject at the same time leads a biological life with an individual life. This individual life has very definite limits from the standpoints of circulation, respiration, sensation, and muscular activity. (2) One of them is more vigorous from the point of view of muscular activity than the other. (3) In spite of the existence of these two lives, each of which reacts in a great measure to their individual laws, there is a harmonized biological life which has its origin deeply rooted in the two organisms. This life is the resultant of the two others and reduced itself to a condition of well equilibriated automatism.

5. *Hemimelia of the Right Lower Extremity.*—An article, illustrated by photograph and radiograph, of a malformation of the inferior right extremity of a woman, fifty-eight years of age.

6. *Eunuchism of a Family Type.*—The term, Eunuchoid, is given to those individuals who in many respects present characteristics commonly found in eunuchs, due to an atrophy of the testicle, resulting from localization of an infection of the testicle or by the arrested development of that organ. This article is an account of an individual who showed the personal and family characteristics from this point of view. Several members of his family, in different generations, have had the same peculiarity. SIDNEY I. SCHWAB.

(1902, No. 4, July-August.)

1. Pure Verbal Blindness. E. BRISSAUD.
2. Hallucinations of Hearing in a General Paralytic. SÉRIEUX and MIGNOT.
3. Study of the Root and Cell Lesions of Tabes. A. THOMAS and HAUSER.
4. Dementia Præcox and Katatonia. J. SÉGLAS.
5. Multiple Exostosis with a Tendency to Suppuration. LAUNOIS and ROY.
6. Psychiatry in the Japanese Theater. GEYER.

1. *Verbal Blindness.*—A case of verbal blindness caused by softening in the left calcarine region with degeneration of the splenium and the tapetum on the right side. A man, fifty-seven years old, entered the hospital with a history of blindness, which had existed for several months. On examination it was found that he was not blind, that he could write, but that he was incapable of reading even his own signature. This symptom can with justice be called verbal blindness. Patient died in twenty-four hours. The localization of the lesion of softening in the occipital

zone was as follows: It occupied the posterior extremity of the internal surface of the left hemisphere. It was the so-called yellow softening, resulting from a total ischemia of at least several weeks' duration. The cortex and the adjacent parts are affected and there is some meningitic adhesion. The calcarine artery is obliterated, causing a necrosis, the focus of which includes almost the whole of the cuneus. The only parts not touched are, first, the occipital pole itself; second, the anterior superior border. The tapetum and the optic fibers, however, have completely disappeared. The degeneration of the tapetum is the necessary consequence of the lesion of the gyrus lingualis. It extends to the splenium of the corpus callosum.

2. *Hallucinations of Hearing in General Paralysis.*—The study of the sensory forms of dementia paralytica have up to this time been singularly neglected in spite of their importance and frequency. The authors have recently observed a case in which the excitation or paralysis of certain sensory centers have produced symptoms which dominated the whole clinical picture. A man forty-one years old, in whom a delirium of persecution and of grandeur has become systematized under the influence of sensory symptoms with hallucinations of hearing, smell, taste and general sensibility, forms the subject of this paper. Several times his sensory delirium has been interrupted by epileptiform attacks. At the autopsy a diffuse meningo-encephalitis was found with foci sharply circumscribed and located on the posterior aspect of the brain. The anterior aspect of the brain was relatively free from lesions. A knowledge of this clinical and pathological fact is of importance from the diagnostic point of view. The existence of a delirium based upon hallucinations and the observation of symptoms such as verbal blindness and sensory aphasia, usually caused by focal lesions (softening, etc.) should not necessarily carry with them the usual diagnosis of diffuse meningo-encephalitis, but should suggest the sensory form of dementia paralytica, which depends upon the existence of foci of meningo-encephalitis, more or less circumscribed and limited to the posterior portion of the brain.

3. Continued article.

4. *Katatonia and Dementia Praecox.*—In 1874 Kahlbaum described, under the name of katatonia, a symptom-complex with a cyclic evolution, the chief symptoms of which were a spasmodic motor trouble of the nervous system. (Spannungs Irrsein.) Since then katatonia has been the subject of numerous investigations, until Kraepelin brought forward his well-known theory that hebephrenia and katatonia are not separate conditions, but are phases of one morbid state to which he gave the name dementia præcox. The following are the chief general conclusions which have been advanced by Finzi and Vedrani: 1. The syndrome of katatonia is found more or less pronounced in many forms of mental disease. 2. It never forms a definite clinical picture. It is not a complete disease, and occupies only certain periods of the morbid process. 3. It is found most completely and most permanently developed in cases of dementia praecox, which have the closest relation to hebephrenia. The principal symptoms which, since the time of Kahlbaum, are considered under the name of katatonia, are stereotypy of attitude, words, acts, strange and absurd, and a tendency towards cataleptic immobility, with a tension of the muscles almost tetanic, and a rigidity more or less pronounced and permanent. This symptom-complex being present in repose, becomes exaggerated in the resistance opposed by the patient to passive movements, a resistance which explains the patient's refusal to take food and his absolute mutism. Kahlbaum gave the name Negativismus to this group of

phenomena of opposition. To illustrate these symptoms and the foregoing conclusions, the author describes three typical cases of katatonia.

5. *Multiple Exostoses.*—Numerous cases of multiple exostoses have been published in the last two years. In a recent article, Auvray and Guillain have noted all the known facts, together with two new cases of this condition. The objective characteristics of this disease are the symmetrical localization of the exostoses in the extremities of the long bones, grouped usually about the epiphyseal cartilages and developing at the same time with the skeletal growth. They can remain unnoticed for a long time, can persist indefinitely, and even sometimes showing a tendency to disappear. They are usually painless, but are capable of causing symptoms by pressure. The case which is here reported, as an illustration of this disease, is a man thirty years old, with multiple exostoses, some of which are accompanied by suppuration. In addition, the patient shows a symptom of syringomyelia, a Morvan hand, and sensory symptoms, characterized by hemianesthesia and a thermo-anesthesia of the left side. The exostoses are present in various parts of the body, which a diagram and a radiograph well illustrate. The author concludes as follows: 1. The pathogenesis of this disease is not known. 2. Perhaps it is dependent upon an affection of the nervous system not yet localized (gray matter of the cord). 3. The suppuration in this case can be explained by the presence of tuberculosis. S. I. SCHWAB (St. Louis).

Archives de Neurologie.

(1902, Vol. 13, No. 78, June.)

1. Three Cases of Hemianopsia. F. RAYMOND.
2. Contribution to the Psychology of the Genesis of Psychomotor Hallucination. N. VASCHIDE and CL. VURPAS.
3. Observations in Five Cases of Conjugal General Paralysis. P. KERAVAL and G. RAVIART.

1. *Hemianopsia.*—Using three cases as examples Raymond offers a clinical lecture on hemianopsia in which he describes the symptoms and pathological lesions in a very interesting and clear manner.

2. *Psychology of Genesis of Psychomotor Hallucinations.*—A case of psychomotor hallucinations. The patient, a woman forty-three years old, hears voices speaking within herself and, without trying to localize themselves in any part of the body, affirms that they speak to her. She moves her lips to utter the ideas of persons that talk within her and answers them. Thus she carries on a dialogue. At times she believes what she says and writes her own thoughts, and then at times she thinks they come from elsewhere. Therefore in this case the so-called psychomotor hallucinations are only the ideas of the patient of which she is conscious by exaggerated mental introspection. Ignorant of psychological laws of association, she is astonished at possession of thoughts which she knows to be contrary to her sentiments and to her moral and intellectual personality, and at once ascribes them to an exogenous origin. When the mental image produced by these thoughts is strongly enough developed, she is led to a motor reaction and articulates these thoughts. Introspection plays the principal rôle. The authors do not wish, they say, to base a theory of psychomotor hallucinations which might arise under other conditions, on an isolated case. They wish to insist only on the genesis and mechanism of the case observed. The psychological examination ought to give most important details of this morbid symptom-complex. but the examination must be complete in order that the pathogenesis be of any value. The method of considering the syndrome by itself, in its